MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02755

2766 **CERTIFICATE OF DEATH** Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 372 Kent Queen Anne's

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Church Hill 17X-2
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) ↓ (Last) Binebrink
4. DATE OF DEATH: (Month) March (Day) 26 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: Sept. 17, 1857
9. AGE last birthday: 97 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Queen Anne's Co - Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Carl Binebrink
14. MOTHER'S MAIDEN NAME: Matilde Clough

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): ?
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Hosp. Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.1
IMMEDIATE CAUSE (A) Generalized circulatory collapse — 8 hours
DUE TO
ANTECEDENT CAUSE (S) (B) Myocarditis — ?
DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Arteriosclerosis — ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerotic gangrene of lower leg — 10 days?

19A. DATE OF OPERATION: 3-24-55
19B. MAJOR FINDINGS OF OPERATION: Arteriosclerotic gangrene of lower leg
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-23, 1955, to 3-26, 1955, that I last saw the deceased alive on 3-26, 1955, and that death occurred at 7:35 A.M, from the causes and on the date stated above.

SIGNATURE A.C. Sick M. D. ADDRESS Chestertown, Md DATE SIGNED 3-26-55

25. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Mar 29-55
NAME OF CEMETERY OR CREMATORY Chesterfield
LOCATION (City, town, or county) (State) Centreville Md

DATE REC'D BY LOCAL REGISTRAR March 27-1955
REGISTRAR'S SIGNATURE Clara L. Barnes.
24. FUNERAL DIRECTOR Edgar L. Lane
ADDRESS Church Hill Md

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2767

CERTIFICATE OF DEATH

112756

Reg. Dist. No. 202

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 37 Chestertown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 40

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown 37
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) MELVIN (Middle) (Last) GREEN

4. DATE OF DEATH: (Month) (Day) (Year) Mar. 2 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. (SINGLE) MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: June 7-1954

9. AGE last birthday yrs. IF UNDER 1 YEAR Months 8 Days 23 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Green

14. MOTHER'S (MAIDEN NAME): Anita Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Anita Brown, Chestertown Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

493X
IMMEDIATE CAUSE (A) Probable Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: about 2d.

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-3 1955 to 2-5 1955 that I last saw the deceased alive on 2-5-55 19..., and that death occurred at about 9 A. M, from the causes and on the date stated above.

SIGNATURE R. M. Ellis 3-2-55 M. D. ADDRESS Chestertown DATE SIGNED 3-3-55

26. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF Mar. 3 | NAME OF CEMETERY OR CREMATORY Richneck | LOCATION (City, town, or county) Rural Chestertown (State) Md.

DATE REC'D BY LOCAL REGISTRAR Mar 3-1955 | REGISTRAR'S SIGNATURE Clara L. Barnes | 24. FUNERAL DIRECTOR ADDRESS Edgar L. Lane - Church Hill Md.

336-423-4486

MARYLAND 2772

02757

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 203

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Kent
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Rock Hall
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sharptown

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall
STREET ADDRESS (If rural, give location): Sharptown

3. NAME OF DECEASED (Type or Print): (First) LEE (Middle) JAMES (Last)

4. DATE OF DEATH: (Month) March (Day) 6 (Year) 1955

5. SEX: M.

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 2, 1895

9. AGE last birthday: 59 yrs. If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: farm

11. BIRTHPLACE (State or foreign country): Rock Hall, Md

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Lee James

14. MOTHER'S MAIDEN NAME: Hannah Comegys

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: ?

17. INFORMANT AND ADDRESS: Isaac James, Rock Hall, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: Several years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Indigestion

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/n, 1955, to 3/6, 1955, that I last saw the deceased alive on 3/6, 1955, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): E Hester Md. ADDRESS: Rock Hall DATE SIGNED: Mar 9

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Mar. 9, 1955
NAME OF CEMETERY OR CREMATORY: Sharptown Cemetery
LOCATION (City, town, or county) (State): Rock Hall, Maryland.

DATE REC'D BY LOCAL REG.: Mar. 9, 55
REGISTRAR'S SIGNATURE: S. Elwood Burgess

24. FUNERAL DIRECTOR / ADDRESS: Marvin V. Williams, Chestertown, Md

VS. A15 — 10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02758

2773 **CERTIFICATE OF DEATH**

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Kennedyville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kennedyville X
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) VIRGINIA (Middle) RILE (Last) JEWELL

4. DATE OF DEATH: (Month) (Day) (Year) May. 15 1955

5. SEX: F. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, (WIDOWED) DIVORCED. (Specify): | 8. DATE OF BIRTH: Feb. 15-1868 | 9. AGE last birthday 87 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry C. Rile
14. MOTHER'S MAIDEN NAME: Amanda Shaeffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Wm. R. Crow. Kennedyville

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 450.1 (A) Gen. arteriosclerosis

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) + Related debility DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Gangrene ⓛ foot

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-14, 1953, to 3-15, 1955, that I last saw the deceased alive on 3-14, 19 55, and that death occurred at 9:40 A M, from the causes and on the date stated above.

SIGNATURE R. M. Atkins M. D. ADDRESS Chestertown DATE SIGNED 3-17-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF Mar. 18 | NAME OF CEMETERY OR CREMATORY Chester | LOCATION (City, town, or county) Chestertown (State) Md.

DATE REC'D BY LOCAL REGISTRAR March 17-1955 | REGISTRAR'S SIGNATURE Clara L. Barnes. | 24. FUNERAL DIRECTOR ADDRESS Edgar L. Lane - Church Hill, Md.

02759

2774

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY KENT; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL COLEMANS; LENGTH OF STAY (in this place) LIFETIME; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY KENT; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL WORTON, MD.; STREET ADDRESS (If rural, give location) NEAR COLEMANS

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) A. (Last) JONES

4. DATE OF DEATH: (Month) 3 (Day) 17 (Year) 19 55

5. SEX: MALE

6. COLOR OR RACE: COLORED

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify): WIDOWED

8. DATE OF BIRTH: JUNE 7, 1872

9. AGE last birthday: 82 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARM LABOR

10b. KIND OF BUSINESS OR INDUSTRY: FARM

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN JONES

14. MOTHER'S MAIDEN NAME: MARY WILSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: NAOMI ROSE WORTON (RURAL) MD.

18. MEDICAL CERTIFICATION

		Interval Between Onset and Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
443X Immediate cause	(a) acute cardiac decompensation	6 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) complete heart block	20 mos
	(c) hypertensive cardiovascular disease	10 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19 53, to March, 19 55, that I last saw the deceased alive on Dec, 19 54 and that death occurred at 7 30 a.m., from the causes and on the date stated above.

SIGNATURE Florence Denning Jones (Degree or title) ADDRESS Worton, Md DATE SIGNED 3/17/55

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	MAR. 20 1955	COLEMAN'S CEMETERY	WORTON, RURAL, MD.

DATE REC'D BY LOCAL REG. 3/19/55 | REGISTRAR'S SIGNATURE E Leonard Jones | 24. FUNERAL DIRECTOR B.R. FELLOWS ADDRESS STILL POND, MD.

02760

MARYLAND 2775

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Kent — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Chestertown, 3 — LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: (0) Leaverton Ho e rm

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown, 3 Md. X
STREET ADDRESS (If rural, give location): I e v. ton Hom Farm /

3. NAME OF DECEASED (Type or Print): (First) ANNA (Middle) L. (Last) LEAVERTON

4. DATE OF DEATH: (Month) March (Day) 2 (Year) 55 19

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S..gle

8. DATE OF BIRTH: Dec. 3 1867

9. AGE last birthday: 87 yrs. — If under 1 year: Months. Days — If under 24 hrs: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housekeeping

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Chestertown, Kent Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: (Late) Richard Leaverton

14. MOTHER'S MAIDEN NAME: (Late) Ann: E. Cordray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

16. SOCIAL SECURITY NO. (If year, give war or dates of service): None

17. INFORMANT AND ADDRESS: Miriam M. Leaverton, Chestertown, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) Probable Intra-cranial Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)....

(c).....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No X

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/9, 19 55, to 3/9, 19 55, that I last saw the deceased alive on 3/9, 19 55, and that death occurred at 4:00 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert J. Farr, M.D.

ADDRESS: Chestertown, md.

DATE SIGNED: 3/9/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: March 11/55

NAME OF CEMETERY OR CREMATORY: Chester Cemetery

LOCATION (City, town, or county) (State): Chestertown, Md.

DATE REC'D BY LOCAL REG.: March 11-1955

REGISTRAR'S SIGNATURE: Clara L. Barnes.

24. FUNERAL DIRECTOR: Marvin V. Williams

ADDRESS: Chestertown, MD

Marvin V. Williams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2768 02761

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 37 Chestertown
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 107 Prospect St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown
STREET ADDRESS (If rural give location) 107 Prospect St.

3. NAME OF DECEASED: (First) John (Middle) (Last) Matthews
4. DATE OF DEATH: (Month) (Day) (Year) 3/4/1955 19

5. SEX: male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: Dec. 8, 1878
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer in powder plant
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Matthews
14. MOTHER'S MAIDEN NAME: Sallie unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-18-6505
17. INFORMANT & ADDRESS: Clara Matthews 107 Prospect St Chestertown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X IMMEDIATE CAUSE (A) Probable intracranial hemorrhage — 1 day

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) arterial hypertension and — last known

DUE TO (C) peripheral arteriosclerosis — last known

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible] 1954 to 3-4 ..., 1955, that I last saw the deceased alive on 3-4 ..., 1955, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Chestertown Md DATE SIGNED 3-7-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Mar. 8, 1955 — NAME OF CEMETERY OR CREMATORY Janes (col.) Cem — LOCATION (City, town, or county) (State) Chestertown, Md.

DATE REC'D BY LOCAL REGISTRAR March 7-1955 — REGISTRAR'S SIGNATURE Clara L. Barnes.

24. FUNERAL DIRECTOR ADDRESS J. Willis Wells - Chestertown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02762

CERTIFICATE OF DEATH

2769

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 37 Chestertown
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 72 Kent & Queen Anne Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown X
STREET ADDRESS (If rural give location) RFD (Morgnec) 1

3. NAME OF DECEASED: (First) Elizabeth (Middle) A. (Last) McKenney
4. DATE OF DEATH: (Month) Mar. (Day) I6, (Year) 1955
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 20, I892
9. AGE last birthday: 62 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Queen Anne Co. Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Schauber
14. MOTHER'S MAIDEN NAME: Theresa ~~Schauber~~ Mench

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT & ADDRESS: John H. McKenney Chestertown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 201X — (A) DUE TO Hodgkins Dis. — INTERVAL BETWEEN ONSET AND DEATH approx. 20 mos.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-26, 1954, to 3-16, 1955, that I last saw the deceased alive on 3-15, 1955, and that death occurred at 1 35 A.M., from the causes and on the date stated above.

SIGNATURE R. M. Hukins, M. D. ADDRESS Chestertown DATE SIGNED 3-17-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Mar. I9, I955
NAME OF CEMETERY OR CREMATORY Chester Cem.
LOCATION (City, town, or county) (State) Chestertown, Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 18-1955
REGISTRAR'S SIGNATURE Clara L. Barnes.
24. FUNERAL DIRECTOR ADDRESS J. Willis Wells - Chestertown, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

2775

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02763 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN Rock Hall, Md. LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Kent
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rock Hall
STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED: (Type or Print) (First) Archie (Middle) (Last) Phillips

4. DATE OF DEATH (Month) 3 (Day) 20 (Year) 1955

5. SEX: male

6. COLOR OR RACE: col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH:

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Peter Phillips

14. MOTHER'S MAIDEN NAME: Ella Gross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 1 yes (If Yes, give war or dates of service) W.W. 1

16. SOCIAL SECURITY NO.: 213-03-5812

17. INFORMANT & ADDRESS: Bessie Walker-815 W.Mulberry Street

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Stab wound in heart — Interval between onset and death: instantaneous

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Stab wound fourth left intercostal space immediately

DUE TO

(c) lateral to sternum

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg.) INJURY Other than Home

21c. (City or town) Rock Hall (County) Kent (State) Md.

21d. TIME OF INJURY (Month) 3 (Day) 20 (Year) 55 (Hour) 12 Noon M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Stab wound

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☒, Undetermined cause ☐.

SIGNATURE Robert A. Fay M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 3/21/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 3/24/55 — NAME OF CEMETERY OR CREMATORY Mt Lincoln — LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REG. 4/1/55 — REGISTRAR'S SIGNATURE H. H. Hedrick — 24. FUNERAL DIRECTOR David L. Bishop Son — ADDRESS 1010 Montgomery St

MARYLAND 2777

02764

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 201

Items 8,9, FilmG181 5-3-55 et

1. PLACE OF DEATH: COUNTY KENT; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X RURAL WORTON; MARYLAND; LENGTH OF STAY (in this place) 37YRS; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY KENT; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL WORTON X; STREET ADDRESS (If rural, give location) NEAR COLEMANS

3. NAME OF DECEASED (Type or Print): (First) CORA (Middle) E. (Last) PRICE

4. DATE OF DEATH: (Month) MAR. (Day) 9 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): MARRIED

8. DATE OF BIRTH: JULY 20, 1889

9. AGE last birthday: ~~88~~ 66 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN E. DORITY

14. MOTHER'S MAIDEN NAME: MARTHA MOFFETT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No —

16. SOCIAL SECURITY No.: NONE

17. INFORMANT AND ADDRESS: JOHN F. PRICE WORTON, RFD, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebrovascular Accident — Interval Between Onset and Death: 16 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) hypertension — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 1, 1955, to Mar 9, 1955, that I last saw the deceased alive on Mar 9, 1955, and that death occurred at 4:05 P.m., from the causes and on the date stated above.

SIGNATURE: Florence Armiger Joyce (Degree or title) MD — ADDRESS: Worton — DATE SIGNED: Mar 9, 1955

23. BURIAL, CREMATION, Removal (Specify): BURIAL — DATE: MAR. 12, 1955. — NAME OF CEMETERY OR CREMATORY: STILL POND CEMETERY — LOCATION (City, town, or county) (State): STILL POND, MD.

DATE REC'D BY LOCAL REG. 3/10/55 — REGISTRAR'S SIGNATURE: Ed. Kennard Jones MD

24. FUNERAL DIRECTOR: B.K. Fellows — ADDRESS: Still Pond, Md.

MARGIN RESERVED FOR BINDING

CEREBROVASCULAR ACCIDENT

HYPERTENSION

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02765

2770

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 37 Chestertown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 72 Kent Co. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Queen Anne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Church Hill 17X-2
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED: (First) CHARLES (Middle) L. (Last) ROE
4. DATE OF DEATH: (Month) March (Day) 30 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):
8. DATE OF BIRTH: July 12-1873
9. AGE last birthday 81 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Merchant
10B. KIND OF BUSINESS OR INDUSTRY: Grocery
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William J. Roe
14. MOTHER'S MAIDEN NAME: Martha Graham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ?
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Emma Roe - Church Hill

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
433.0 IMMEDIATE CAUSE	(A) VENTRICULAR ASYSTOLE	1 min.
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO DUE TO STOKES-ADAMS	7 Mo.
	(C) SYNDROME	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-16-1954 to 3-30 1955 that I last saw the deceased alive on 3-30 1955, and that death occurred at 9:30 P. M, from the causes and on the date stated above.
SIGNATURE T. N. Atkins M. D. ADDRESS Chestertown DATE SIGNED 3-31-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF April 2
NAME OF CEMETERY OR CREMATORY Church Hill
LOCATION (City, town, or county) (State) Church Hill Md.

DATE REC'D BY LOCAL REGISTRAR April 1-1955
REGISTRAR'S SIGNATURE Clara L. Barnes
24. FUNERAL DIRECTOR ADDRESS Edgar L. Lane - Church Hill Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02766

2771 **CERTIFICATE OF DEATH** Reg. Dist. No. 202

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY KENT MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 37 CHESTERTOWN
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS 72 KENT & QUEEN ANNE'S HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY KENT
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MILLINGTON, X
STREET ADDRESS (If rural give location) none. 1

3. NAME OF DECEASED: (First) WILLIAM (Middle) EDWARD (Last) THOMPSON
4. DATE OF DEATH: (Month) MAR (Day) 2 (Year) 1955

5. SEX: M.
6. COLOR OR RACE: COL.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: Oct. 18, 1890
9. AGE last birthday 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: William E. Thompson
14. MOTHER'S MAIDEN NAME: Mary Bishop

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 218-05-8178
17. INFORMANT & ADDRESS: Estella Ricketts, Millington, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

561.3
IMMEDIATE CAUSE (A) Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH: 5 min.
DUE TO

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) Operation for Repair of Incarcerated
DUE TO
(C) ~~X~~ Epigastric Hernia.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: Mar. 2, 1955
19B. MAJOR FINDINGS OF OPERATION: Incarcerated Epigastric Hernia.
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 26, 1955 to Mar 2, 1955 that I last saw the deceased alive on Mar 2, 1955, and that death occurred at 2 P M, from the causes and on the date stated above.
SIGNATURE Carlton T. Tarr M.D. ADDRESS CHESTERTOWN Md DATE SIGNED Mar 2, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: March 5, 1955
NAME OF CEMETERY OR CREMATORY: Millington Cem.
LOCATION (City, town, or county) (State): Millington Md
DATE REC'D BY LOCAL REGISTRAR: Mar. 8 1955
REGISTRAR'S SIGNATURE: Clara A. Barnes
24. FUNERAL DIRECTOR: Edward Pullock ADDRESS: Millington Md.